

D-DAY PRACTICE MANEUVERS - DISASTROUS EXERCISE TIGER

NORMANDY INVASION

plus

STATESIDE AND PHILIPPINE WAR TIME DUTIES

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My name is Eugene E. Eckstam, M.D., 2118 20th Avenue, Monroe, WI 53566. I was born in Memphis, TN 1/2/16/18. My home was Madison, WI, and I finished Madison West High School, the University of Wisconsin Pre Medical and Medical school with a BA in 1940 and MD in March 1943. I had a 9 months internship at St Luke's Hospital, Duluth MN.

January 1, 1944, I entered service at Great Lakes Naval Training Station as a LTJG, MC, USNR. I was part of a team that examined an average of 1600 recruits per day, a different part of the body each day. After 1 week, a gruff lieutenant commander came across the hall and shouted "Eckstam, we don't want you here anymore. We're sending you overseas" My knees started shaking and so did those of all the birthday-suited recruits.

Lido Beach, Long Island was the next stop. Most of the medical officers that were reporting for duty were just out of the abbreviated internship program. Hundreds of corpsmen were reporting and they ranged from just out of boot camp and Corps School to 15-year veterans. We all assembled in a huge gym for assignments and instructions for learning about amphibious warfare.

A very gruff but efficient chief petty officer, Paul St. Sing, was barking out the names of two medical officers, one chief, two first, four second, ten third class corpsmen and about ten each hospital apprentice 1st and 2nd Class - for a total of 40 enlisted men. Each unit of the FOXY 29 activity, which this was, contained two MD's and 40 corpsmen. Edward G. Panter, M.D. and I were assigned together and we hoped we wouldn't get that rough tough master sergeant like person - St. Sing. We did! And he turned out to be a perfect gentleman, very fair and very strict. We were indeed fortunate to have him. Every week six to ten groups shipped out. I believe I reported to the LST 507 in New York the first week in March. I spent my first wedding anniversary, March 14, at sea!

On the way from Boston to Halifax, a civilian physician came on board to run a double blind study for seasickness therapy. He had identical appearing capsules of white powder containing either sugar, scopolamine about 1/200th grain or dramamine dose? In a mild sea with only moderate pitching and rolling, the sugar came out on top with scopolamine a close second. The dramamine apparently caused some vertigo and was last by a wide margin. A better trial would have been some of the storms we were in later.

After crossing the Atlantic in an 80-ship convoy and losing control in our port rudder half way (repaired by rubber band in place of spring!) we picked up small boats at Rosneath, Scotland (Glasgow). We discharged oil at Milford Haven, trucks at Port Talbot and arrived at Falmouth about two weeks before TIGER.

As we were leaving one of the above ports (I don't remember which one), an intoxicated British Pilot guided our ship directly over a buoy and bent one of our screws (propeller). Upon arriving in Falmouth the ship was placed in dry dock for a new screw. The temporary medical staff (two physicians and forty corpsmen) were sent to Fowey for chemical warfare treatment instructions.

On April 25, we loaded Army troops and equipment at Brixham Harbor (for years I thought we loaded at Falmouth). There were 125 Navy as Ship's Company, plus our forty two man medical group and we took on about 300 Army men with their trucks and jeeps. We rode at anchor for about two days while other ships loaded. The tank deck and the main deck were completely filled with vehicles and army personnel. They slept anywhere and received their "C" rations on deck, parading around in a large circle about the main deck.

I'm not sure when we got underway, but I think it was daytime, probably afternoon. After we cleared the Brixham Harbor and were out a few miles, I heard that the British destroyer Escort that was to have been following us, had a collision in port and we would be proceeding with only a Trawler as escort. We were reported to have more fire power than the Trawler. I think I retired early to get a good nights sleep before the practice invasion the next morning.

I was awakened by the GQ (General Quarters) alarm, but I do not recall the time (0130). After fully dressing, as always, with helmet, foul weather gear and gas mask, I reported to the Wardroom, which was the First Aid Station for the ship.

The wardroom was the Officer's Mess Room and lounge. There were two tables fastened to the deck, a bench along the outer bulkhead (wall), and a two by three foot metal locker against the forward bulkhead that held all the First Aid Supplies. And that's about all there was for any LST for routine care.

Of course during the invasion when the tank deck had cleared, dressing stations were set up at the aft end. Several First Aid chests were opened, and these contained supplies and medications and any thing needed for minor surgery.

Upon arriving in the Wardroom a few minutes after the alarm, I found that there were reports of some shooting, but I heard none. I remember talking about the possibility that some gunner on the next ship or so was shooting at shadows or other questionable items. I believe someone said some of the bullets came sort of close to us and whomever it was, should be more careful!

Since all was quiet for about 20 minutes, I decided I would go topside (go out on deck) to see what was going on. The passageway to the hatch on the starboard side led past the Captain's Quarters. As I was passing the Captain's Door, BOOM!!! - , followed rapidly by the sound of crunching metal, a painful landing on both of my knees on the steel deck, falling dust and rust - then darkness and silence - and aching knees, and wondering, "My God, what happened?"

Later, I found out the torpedo had struck this side of the ship (starboard) in the auxiliary engine room, which was about 30 feet forward of where I was standing. Since the auxiliary engines were out, there was no electricity for light and none for the water pumps to fight the fire or for the motors to lower the small boats.

I had done my homework and knew where every battle lantern was located. One was by my right hand as I stood up, just across the passageway from the Captain's door. With this first light, the rest were easily found and used.

The force of the explosion had popped the first aid cabinet partly off the wall and it was leaning out about 30 degrees with doors open and supplies all over the Wardroom. Casualties came in slowly, some by themselves and some by litter, but most were half carried. There were only a few. One fellow sustained a broken thigh and a Thomas splint was applied.

As more reports of the damage came in, we realized the mid part of the ship was an inferno and no one could pass from one end of the ship to the other, either on the main deck or below decks. So I decided to check out all of the aft part of the ship that I could, to be sure there were no casualties needing care and to secure the ship. Secure means to close all the hatches between compartments to preserve buoyancy and delay or prevent sinking. Since the Officers were otherwise busy and since I knew what to do, I did it.

One of the most difficult decisions I have ever made, and one that gave me nightmares for years (and still does), was to close the hatches (doors) leading to the tank deck. I tried to call and go into the tank deck, but it was like looking and trying to walk into a huge roaring blast furnace. The trucks were burning, gasoline was burning and small arms ammunition was exploding. Worst of all were the agonizing screams for help from the Army men trapped in there. I can still hear them. But knowing that there was absolutely no way anyone could help them and knowing that the smoke inhalation would end their misery soon, I dogged the hatches.(closed them) Hatches can be opened or closed from either side.

After checking all the compartments possible, I returned to the Wardroom. One or two other injured had been cared for.

Many of the soldiers were jumping or diving because they were near the fire. Some of the soldiers that dove head first off the deck with their inner tube type life savers, left the tube on the surface of the water and kept plunging deeper into the water, their fate unknown, but probably not good.

I didn't relish sudden entry into water at about 42 degrees, as was the reported temperature on the engine intake that day, so I checked out the small boats. There were two aft on each side, but the horizontal 1 by 2-inch metal bars that kept their wheels from going down the track were bent. The explosion had lifted the boats and set them down hard, bending the bars. Without electric power to raise the boat, the bars were jammed!

A life raft seemed the next alternative, but the metal pins that released the rafts were rusted in place and only a few rafts were able to be used. Also, the ropes that were so nicely folded and wrapped at intervals around the raft had shrunk so tightly they could not be strung out. The ropes would give many people something to hang on to in the water. The same

situation was present on the next LST to which I was assigned. But after hearing about this, the Captain had the pins greased and had all the ropes redone.

The cargo net is the one thing that worked! I inflated my life belt. Rather than wear bulky vests that would impede us in medical care, we wore an inner tube type of belt. There were two tubes about 2 inches in diameter and the belt folded and snapped to take the slack out until needed. Squeezing two handles together punctured two CO2 cartridges and these inflated the two tubes. I had forgotten to unsnap the belt and I thought I would be squeezed in two until I pulled the snaps. I had a nice inner tube about my middle and proceeded to go down the cargo net.

The water was very cold (42 degrees) so I entered slowly. As I swam away, I settled thru the inner tube and it pulled my jacket, shirt and underwear up - exposing my abdomen to that ice water! I managed to pull the clothes down and feel a bit warmer, if that was possible.

As I swam quickly away from the ship to avoid the suction in case it did sink, I felt someone, or something tugging on my neck, and I kept hitting some thing with my left arm. I thought someone was trying to hang onto me, and I hollered out to let go. Dr. Edward G. Panter, the other physician on the LST, happened to be swimming about 20 yards to my left, and he asked what was wrong. By that time I had figured out what was wrong and said my gas mask was interfering with my swimming. He told me to toss it. I said, "But we have to check it in!" - I tossed it.

About 300 yards from LST-507, now burning with flames shooting high in the sky and lighting up the whole area, I found a life raft. On the raft was one of our very responsible red headed corpsmen. He had taken the man with the broken leg with him after lowering him with a rope into the water. And he kept all others that were clamoring to get on, off the raft. To allow too many on would capsize it.

At first I was hanging on to other guys and was in about the 5th or 6th ring of men hanging on. As the ones in front of me kept losing consciousness, I had to let them drift off. There was nothing to fasten with so we could stay together. Eventually I could reach between two guys and I twisted my hand around a rope that circled the raft, so I would not drift away. I was getting very sleepy and was no longer cold, and I knew I would be unconscious soon. The immediate concern of being strafed by the Germans after the sinking now ceased to be a worry. The 507 was still burning brightly a couple of miles away.

The next thing I remember very clearly, was climbing up a ladder on the side of a ship - but I was half way up! I do not remember having started up the ladder. And it was daylight. In recent years I have had the vague remembrance of motors of small boats, of putting a knee on the lowered ramp of a small boat and sitting along the side. None of these recollections are more than fuzzy, and are not continuous.

We were torpedoed at about 0205 and were picked up by LST 515 at about 0600. Somewhere in between I was hauled out of the water. I doubt if I was on the small boat for 3

hours. My hero and the one responsible for rescuing many of us is John Doyle, captain of the lead ship, LST 515, the only LST to rescue any of us.

Regarding the time of 0205 and 0600 hours: I heard from many sources shortly after the incident and since, and these hours are reasonably accurate. However, in reading about hypothermia, none of us should have survived more than 1 hour at 42 degrees F. That temperature was well talked about. Undoubtedly the insulation from winter foul weather gear kept our temperature from dropping rapidly. The constant struggling for awhile to get nearer to the raft probably helped as well.

After sleeping for a while, Arlo Gregory, our First Class Pharmacist Mate, awakened me. I was delighted to see him. He asked if I could help take care of the wounded. He offered a shot of whiskey which I took along with a cup of coffee, then started rounds with, Dr. Panter, who had already been hard at work.

I had been on active duty since January 10 and had an idea that some of the officers and enlisted men carried bottles of booze on board. All the Navy Regs I had studied said this was taboo. But the number of whiskey bottles available was astounding. Good thing too, because we found out it worked as well, if not better than a lot of hypos, and it was easier to give in a mass casualty situation.

We sailed for a long time and it seemed like about noon when we had some food and went ashore in a small port called Portland Bill. There was a square red brick building, two stories high that we all filed into. The Red Cross and Navy and Army personnel registered us. Then we received small duffle bags of green fatigues and all the clothes for two changes. Included was a cosmetic kit with tooth brush and comb, the two most valuable possessions I owned at the time!

After showering to get the salt water off, we dressed and boarded trucks. After what seemed like a long ride we arrived in a survivor camp in Plymouth. There were large metal Quonset huts on a graveled area, and there were slit trenches everywhere. Here I stayed for a month before being reassigned to the LST 391 for the Invasion of Normandy.

Since I was among the apparent non-injured, I believe we were taken by truck to an Army Hospital for examination. This would have been either on the way to Plymouth, or a day or so later. I can recall Navy personnel being present and typing entries in a Navy Health Record Sheet. This should be in my records, if they were saved. The entry should be "Contusion, knees."

We wore our Navy officer's insignia on our fatigues and some of us were being picked up by the Military Police or the Shore Patrol for impersonating an officer. Finally, a directive arrived with individual ID cards from someone high up, to leave those odd looking Navy officers alone. About a week before reassignment, we were taken by truck to Exeter and the Navy supply depot, and were issued the regular Navy uniforms including dress blues. I cried because my father had tailor made my first dress blues and now they were at the bottom of the Channel.

The noise of bombing runs and the racket caused by throwing stones on the roofs of the metal quonset huts to tease ourselves, gradually reduced our panic state for noise. Only a few of our Navy officers, about six were at this base. I do not know who they were, except Dr. Panter. I do not know where any of the others went.

I do know that an Army Hospital at Truro was alerted for us. I was telling about TIGER after I started at The Monroe Clinic in 1950. Dr. Ben H. Brunkow said they were alerted about 0300 and sat up all night waiting for an unknown number of casualties from a unknown problem. They never did find out. He remembered the date of April 28 because other hospitals in the area were also alerted and they thought something big was up.

From discussions on board the rescue ship and later, I knew that another LST had been at GQ and had secured. Then when all hands were back in their quarters, two torpedoes hit and sunk the ship in 7 minutes. That was LST 531.

We were reported to have lost half our men, and they about 80 percent of an estimated 500 men on each ship. I heard the other officers mentioning a figure of approximately 650 KIA or MIA. Later official figures by the Navy are 639. The Army says 750 and the controversy continues.

We also learned that another LST (LST 283) had its screws and rudders blown off by a torpedo, but no deaths. Recently I found there were 13 deaths. They lowered their small boats and towed themselves into the nearest port. We also heard that one officer had one testicle shot away and another officer on another ship had an eye shot out. This was LST 511 and they had been on duty up on the supercon. We wondered if stray fire from our own convoy was responsible, but did not know. This is now determined to have been both from the E-boats and from LST 436, just ahead of them in the convoy, apparently firing at one another.

After the month in Plymouth, I was assigned to the LST 331 for the Invasion. Now I know we loaded in Falmouth and waited at anchor for many dozens of ships in the Fal River to load. I can still see about six or eight lines of endless truck convoys coming over the hills to temporary docks along the inlets of the river. Ships everywhere; trucks everywhere--thousands of people coming close together.

I think we had part of V Army Ranger Headquarters on board and were supposed to hit Omaha Beach H+24 hours. So we left port only a day before D-Day. The convoy kept rather close to the coast of England going east. Finally, we turned more southeast and joined huge convoys from other directions. Most of the way across the English Channel it looked like wall to wall ships upon the sea. At Dawn D-Day+1, we saw the hills and bluffs of Omaha beach from a distance. We were going very slow.

We would drop anchor only to watch shellfire from over the hills getting closer to us. As we raised anchor and moved away, the next shell landed just where we had been. This happened repeatedly. We had a 4-day back and forth "cruise" of the Omaha beach area. The cruisers and battleships were firing their big guns and making a terrible racket. I have never heard anything so loud. Many times their shells were going over us on their way to shore. Sleep was hard to

come by with all the noise and very frequent General Quarters alarms. I slept through three calls to Quarters one night and the klaxon was a foot from my ear.

Due to the well publicized landing delays, we did not unload our passengers for 5 days. We had part of a headquarters unit aboard and it was only colonels and full colonels. A huge map in the wardroom maintained hour by hour positions of each unit on land. It was just like watching the recent Desert Storm changes on TV. Finally, a Rhino barge tied up to our open bow doors and the vehicles rolled onto it and went ashore.

Very soon, from Utah Beach, we used DUKWS to pick up about 125 casualties, including 20 German wounded. I went ashore on one of the round trips and was very favorably impressed with the neatness and completeness of the Army aid station. All wounds were freshly dressed and all medications were on time.

Since Dr. Panter and I, the two Foxey 29 doctors, were fresh out of internship, we knew little about dressing and treating many wounds. Fortunately, we had Delbert Powell, a PhM 2/c, who had experience working with a surgeon for a couple years before service. We delegated all dressings to him. We treated our men first and then the German prisoners before returning to our men again. They got the same care. I found ships' company taking things from the pockets of the prisoners, including pictures of their families. I had the Captain of the LST order all to be returned. They were.

We physicians kept up continuous rounds and kept the Aqueous Penicillin, 20,000 U every 3 hours. But our supplies furnished only a dozen syringes and needles for 125 patients! Good planning for an invasion! We mixed it so there would be 20,000 U /cc and gave 1 cc to each patient with the same syringe and needle. We did have enough alcohol to swab the site. The Medical Department never runs short on alcohol! I often wonder how much hepatitis we transferred. We were so busy that we had the corpsmen give the Morphine Tartrate, 1/2 grain, through clothes, if a bare spot could not be found. At least the writhing soldiers were comforted.

On the way back we and a British landing craft collided at the bow, ruining our bow doors. Since an LST is useless without bow doors, we went immediately into drydock in Falmouth--again. The medics were all detached and scattered; most went to the States for staging for the Pacific. I rode home in style on the huge seaplane tender, the Albemarle.

Again a months leave at home, then to Port Hueneme, CA, and 5 months good duty at a Seabee Dispensary with an excellent internist. We served a 30-bed ward with complicated medical problems, including one poor fellow with FUO (fever of undetermined origin). Every test the Navy could do was done. Blood was shipped to Long Beach Naval Hospital. He was still there when I left.

During rounds one morning, a sailor came up to us near the end of rounds with about 20 pills in his hand. He said he would just finish one set when 4 hours later he would get another set of 20. After checking his Med sheet, he had only 8, most of them were never canceled, when they should have been. Situations like this probably led to current hospital rules on drugs.

Then to San Bruno, CA, for training for the invasion of the Philippines. The Medical Corps was issued firearms, carbines to the enlisted and .45 Colt pistols to the officers. We were at the firing range daily using the pistols, carbines, BARs, and submachine guns. Apparently Japan thought the red crosses on hospital tents were target signs. I almost qualified for expert on the .45, and we wore it all through the Philippines.

I was in the first invasion of Mindanao, Polloc Harbor. The noise bothered me again some but the Japs retreated rapidly and we were secure by nightfall. But during the afternoon, the Army commanders were furious that they could not get to the dock to unload and chase the Japs. Reason: the Navy was unloading all the equipment for the 200-man Port Director outfit, and this included several truckloads of beer! This turned out to be a salvation in a couple of weeks. The G-10 Dispensary (medical unit) consisted of one physician, three corpsmen, three tents and "supplies."

The invasion was stepped up 2 weeks, due to Japanese retreats. As a result, our medical supplies were still in the bottom of the hold on a cargo ship in Samar Bay when we sailed. We did get our assigned ambulance, jeep, and one medical case that contained medical alcohol. Interesting. My corpsmen and I visited all the Army dispensaries and hospitals in the Leyte - Samar gulf area by LCVP. While I tried to talk those in charge of each medical supply unit to let us have something for the invasion a couple days away, the corpsmen were stuffing their jackets with needed dressings, antiseptics, antibiotics, etc. Everyone knew what was going on and they sympathized, but how do you put that on your report? In a war zone, everything is expendable, so we had enough for our use.

Because of the advanced date of the invasion, mail did not arrive. With the Japs in full retreat and over 100 miles away, there was little to do in the jungle. Morale for both Navy and Army plummeted. Fortunately, my PhM 1/c Tommy Thompson, also recognized this. After some talks with the Army Special Services nearby, we jointly arranged a variety show. This used various instruments and mainly personal talent singing and acting. The show was an overflow crowd of Army and Navy, in and around a large Quonset hut with open sides. The show lasted over 3 hours and the morale problem disappeared. Mail arrived in a week. The Army also put up a baseball diamond on the only flat and open area nearby, as well as a tennis - Badminton court and horseshoes. Cost: two cans of GI alcohol - very well spent. It saved a riotous situation.

Our Port Director outfit was moved to Iloilo, Panay to stage for Japan. There our medical department was allotted a large quonset hut for sick call, office and sick bay 10 cots. The enterprising corpsmen "discovered" that the makings of a modern head for sick bay were available. The base showers and head were on plywood platforms built out over the seawall. When the wind came from the sea, we got free douches; not pleasant. So we took an 8-foot-square area and with the help of the Seabees, had a head with flush toilet, hot and cold water shower and sink. Cost: same liquid currency - for the benefit of the patients.

During construction, the door was taped shut for Captain's Inspection. When the door was finally open, the skipper (USNR) was obviously dumbfounded. He operated the toilet, hot and cold water in the shower and the sink. He stormed out of sick bay and as he did he ordered

me to report immediately after inspection to his quarters. Wow, we were ready for the dungeons. When I nervously visited him in the next hour, he asked where we got the flush toilet. His was over the sea-wall too. I replied, "We found it, Sir." He understood and only asked how soon I could get one installed in his quarters! It was working within 24 hours. Same cost.

Emergency wives were available and some of our enlisted men and one officer used them. The father of the teenager and her brothers would build a bamboo hut for them to live. The family supplied fish and rice and he paid them. When the man moved on, the contract was done. Two of these idiots were not satisfied with their clean little girls and also visited the prostitutes in town. Both pleaded for treatment for GC for their wives too, which we could not do. They would have to go to public Army facilities. Both men had chronic urethritis when going home and asked what they were to tell their wives and what should they do. They were advised to turn in to the first naval hospital Stateside and stay until they were well.

We did treat the 12-year-old son of a Filipino who had been a Jap prisoner. He had worked for the US Navy before the war and had papers to prove it. The boy came in with high fever and cough. It looked like a lobar pneumonia. While the corpsman was mixing the penicillin, the boy coughed so violently, I thought he would die. But out came a 5-inch Ascaris and he was well!

I used some penicillin on two other patients in the local hospital. They did have pneumonia and were not getting better. The local doctors had used cupping and cautery scarification on one side of the chest. These wounds were infected. They were using some type of rice poultice on the wounds. I thought that was a good use of our medicine. The doctors were very receptive to other ideas that had developed during their long isolation under the Japanese.

After the war was over I finished time in Iloilo and then Manila until I had enough points to come home. In Manila, I was senior medical officer of our G-10 Dispensary. I signed up right after Pearl Harbor so was senior to most all in my class. I inherited the previous chap's jeep and this infuriated him. My duties, in addition to tokenly administering sick bay, was to visit the five Army Field hospitals ringing Manila daily. The Navy had no beds except the 10 in G-10 unit so all that were ill had to go to Army hospitals. I had to help keep Navy records straight in Army hospitals and assist with air evacuations. It seems as if the Army man in charge of all this was a two-striper and it took a two-striper to get anything done

I started a surgical residency at the Mayo Clinic, July 1946 and finished October 1950. I started at the Monroe Clinic, Monroe Wisconsin the end of October 1950 and have been here since. I requested release from the Navy as soon as it was possible and received my Honorable Discharge approximately in 1955. I retired in 1987.

I revisited England in 1982. The trip was very familiar re Falmouth, Fowey, and Plymouth. I can pinpoint the areas we loaded at in Falmouth (this was for Normandy), and the red building was still there at Fowey, but sitting in a wrong position. (I thought for a long time that we were taken into Fowey after the sinking, but we were taken in to Portland.) An old gentleman with white bushy hair, who was running sightseeing boats, told me "all of you chaps

were brought in here" - referring to naval survivors and accidents. I was unable to find where the base in Plymouth was, because of all the new construction, and I found no one else that knew.

The recent 40-year recognition of TIGER on TV - 20/20 and the newspaper article in August 1944 out of London about "Exercise Tiger" were a surprise. I caught only the last 1/3 of the TV and noted some errors. The newspaper article was extremely accurate. Dr. Panter sent me a copy from the Denver paper, and I sent him one from the Madison paper. They were slightly different. My mother had called the paper about my being home on leave, and both articles were published on the same date, August 9, 1944.

The LSTs 507 and 531 lie at about 50 27 N, 2 43 W. This is about 30 miles due east of Torquay and 12 miles west southwest of Portland.

Sincerely yours, Eugene E. Eckstam, M.D., 2118 20th Avenue
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